

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

AU 10-5-18

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: BEACH ONE HOLDING LLC A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Company NAIC Number: Box No. 3581 GORDON DRIVE City State ZIP Code MYRTLE BEACH South Carolina -29579 _ A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 34, BLOCK "B", WHISPERING PINES SUBDIVISION; PIN# 427-12-01-0066 TMS# 172-26-03-021 A4 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5 Latitude/Longitude: Lat 33.710919 Long. -78.957926 Horizontal Datum: NAD 1927 X NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b // N/A sq in d) Engineered flood openings? Yes X No A9. For a building with an attached garage: N/A sq ft a) Square footage of attached garage b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b —N/A sq in d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State HORRY COUNTY 450104 HORRY South Carolina B7. FIRM Panel B9. Base Flood Elevation(s) B4. Map/Panel B5. Suffix B6. FIRM Index B8. Flood (Zone AO, use Base Flood Depth) Number Date Effective/ Zone(s) Revised Date 45051C0679 08-23-1999 09-17-2003 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Types X No ☐ CBRS ☐ OPA Designation Date:

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| IMPORTANT: In these spaces, copy the corresponding information from Section A. | FOR INSURANCE COMPANY USE | | | | | |
|---|------------------------------------|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3581 GORDON DRIVE | Policy Number: | | | | | |
| City State ZIP Code MYRTLE BEACH South Carolina 29579 | Company NAIC Number | | | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Ricco only, enter meters. Benchmark Utilized: SC VRS Vertical Datum: CONVERTED WITH VERTCON Indicate elevation datum used for the elevations in items a) through h) below. | | | | | | |
| | | | | | | |
| Datum used for building elevations must be the same as that used for the BFE. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | Check the measurement used. 16.77 | | | | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? | | | | | | |
| Certifier's Name ERIC N. WILSON Title REGISTERED PROFESSIONAL LAND SURVEYOR Company Name ROBERT A. WARNER & ASSOCIATES, INC. Address 726 8TH AVENUE NORTH City MYRTLE BEACH South Carolina License Number 29524 License Number 29524 ZIP Code South Carolina | Here C. W. WILSHIM | | | | | |
| Signature 6 Date 10/05/18 Telephone (843) 626-6662 | Ext. | | | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) C2e. STAND MOUNTED HVAC JOB No. 180369-34 | | | | | | |

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| MPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE Policy Number: | |
|--|--|---|---|---------------------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3581 GORDON DRIVE | | | | |
| ty S | tate ZIP | Code / | Company NAI | C Number |
| | outh Carolina 295 | | | |
| SECTION E – BUILDING ELE FOR ZONE | VATION INFORMATIO | | REQUIRED) | |
| or Zones AO and A (without BFE), complete Items E1- emplete Sections A, B,and C. For Items E1-E4, use na enter meters. | -E5. If the Certificate is in | tended to support | | |
| Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest at | | xes to show whether | er the elevation is | s above or below |
| a) Top of bottom floor (including basement, | | | | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | - 7 - 1 - 1 - 1 - 1 | feet mete | rs above o | r Delow the HA |
| crawlspace, or enclosure) is | | feet mete | rs above o | r Delow the LAC |
| 2. For Building Diagrams 6–9 with permanent flood on | enings provided in Section | on A Items 8 and/o | r 9 (see pages 1 | -2 of Instructions), |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | ☐ feet ☐ mete | ers Пabove o | r Delow the HA |
| 3. Attached garage (top of slab) is | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | ☐ feet ☐ mete | | r Delow the HA |
| Top of platform of machinery and/or equipment | -3-1-1-1 | | above o | |
| servicing the building is | 77121 | ☐ feet ☐ mete | rs above o | r Delow the HA |
| Zone AO only: If no flood depth number is available floodplain management ordinance? Yes | e, is the top of the bottom No Unknown. The | floor elevated in ac e local official must | cordance with to | ne community's mation in Section G |
| | | | | |
| SECTION F - PROPERTY OWN | ER (UR OWNER'S REP | RESENTATIVE) C | ERTIFICATION | |
| The property owner or owner's authorized representative ommunity-issued BFE) or Zone AO must sign here. The | e statements in Sections | A, B, and E are co | rrect to the best | of my knowledge. |
| roperty Owner or Owner's Authorized Representative's | Name | | | |
| ddress | City | S | tate | ZIP Code |
| ignature | Date | T | elephone | |
| omments | | | | |
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| | | | ☐ Check | here if attachments |

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| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | | | |
|---|---------------------------------|-------------------|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3581 GORDON DRIVE | | | Policy Number: | | | |
| City MYRTLE BEACH | | ZIP Code 29579 | Company NAIC Number | | | |
| SECTION G - COMMUNITY INFORMATION (OPTIONAL) | | | | | | |
| The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4–G10) is provided for community floodplain management purposes. | | | | | | |
| G4. Permit Number | G5. Date Permit Issued | | Date Certificate of Compliance/Occupancy Issued | | | |
| G7. This permit has been issued for: | | | | | | |
| G10. Community's design flood elevation: | - | fee | t meters Datum | | | |
| Local Official's Name | Title | | | | | |
| Community Name | Tele | phone | | | | |
| Signature | Date | | | | | |
| Comments (including type of equipment and loc | ation, per C2(e), if applicable | | | | | |
| | | | Check here if attachments. | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3581 GORDON DRIVE

Policy Number:

City

MYRTLE BEACH

State South Carolina ZIP Code 29579 Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front & Right

Clear Photo One



Photo Two